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## FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Mail Stop Petition	Timothy J. Lorenz, Reg. No. 41,954
COMPANY:	DATE:
USPTO	WEDNESDAY, NOVEMBER 17, 2004
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
703-872-9306	15
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	1182
RE:	APPLICATION NUMBER:
Petition to Revive	10/021,843
Response and Amendment	

URGENT

FOR REVIEW

PLEASE COMMENT

PLEASE REPLY

PLEASE RECYCLE

## NOTES/COMMENTS:

FORMAL COMMUNICATION  
INTENDED FOR ENTRY

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PTO/SB/21 (08-03)

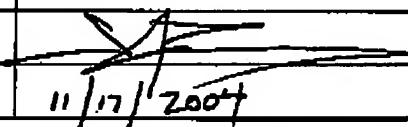
Approved for use through 07/31/2006, OMB 0651-0031

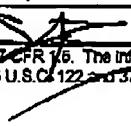
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/021,843
		Filing Date	December 13, 2001
		First Named Inventor	Raj Bridgelall
		Art Unit	2878
		Examiner Name	Le, Uyen Chau N
Total Number of Pages in This Submission	14	Attorney Docket Number	1182

<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition to Revive <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
		Remarks	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	Timothy J. Lorenz, Reg. No. 41,954
Signature	
Date	11/17/2004

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Type or printed name	Timothy J. Lorenz, Reg. No. 41,954		
Signature		Date	11/17/2004

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. SEND FEES OR COMPLETED FORMS TO: Mail Stop \_\_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1370.00)

## Complete if Known

Application Number	10/021,843
Filing Date	December 12, 2001
First Named Inventor	Raj Bridgelall
Examiner Name	Le, Uyen Chaun N
Art Unit	2878
Attorney Docket No.	1182

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None Deposit Account

Deposit Account Number	50-2091
Deposit Account Name	Ingrassia Fisher & Lorenz, P.C.

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1803	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	110	2251 55 Extension for reply within first month	
1252	430	2252 215 Extension for reply within second month	
1253	980	2253 490 Extension for reply within third month	
1254	1,530	2254 765 Extension for reply within fourth month	
1255	2,080	2255 1,040 Extension for reply within fifth month	
1401	340	2401 170 Notice of Appeal	
1402	340	2402 170 Filing a brief in support of an appeal	
1403	300	2403 150 Request for oral hearing	
1451	1,910	1451 1,510 Petition to institute a public use proceeding	
1452	110	2452 65 Petition to revive - unavoidable	
1453	1,370	2453 686 Petition to revive - unintentional	1370.00
1501	1,370	2501 685 Utility issue fee (or reissue)	
1502	490	2502 246 Design issue fee	
1503	980	2503 330 Plant issue fee	
1480	130	1480 130 Petitions to the Commissioner	
1807	50	1807 1807 50 Processing fee under 37 CFR 1.17(q)	
1808	180	1808 180 Submission of Information Disclosure Stmt	
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	790	2609 385 Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810 395 For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2601 386 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	

## SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Large Entity	Small Entity	Fee from below	Fee Paid
Total Claims		-20*	
Independent Claims		- 3**	
Multiple Dependent			

## SUBTOTAL (2) (\$)

\*\* or number previously paid, if greater. For Reissues, see above

## Other fee (specify)

\*Reduced by Basic Filing Fee Paid

## SUBTOTAL (3) (\$ 1370.00)

## Complete if applicable

SUBMITTED BY	Timothy J. Lorenz	Registration No. (Attorney/Agent)	41,954	Telephone	(480) 385-5060
Signature				Date	11/17/2004

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